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New York State Housing Trust Fund Corporation

Hampton Plaza
38-40 State Street
Albany, NY 12207

GREATER CATSKILLS FLOOD REMEDIATION PROGRAM

Procedures for Disbursement of GCFRP Funds

The procedures set forth in this document are to be followed by the Counties administering the Greater Catskills Flood Remediation Program (GCFRP) funds from the Housing Trust Fund Corporation (HTFC). The Counties must follow these procedures to receive disbursement of funds and to report on program activity.

This document provides the Counties instructions on disbursement procedures established by HTFC. Each form referenced in this document is attached to this document and is available on the GCFRP section of DHCR's website: www.nysdhcr.gov. Counties should also refer to their GCFRP Grant Agreement and to other instructions provided by HTFC staff.

I. Designation of Depository for Direct Deposit of HTFC Funds

In order to receive approved program funds from GCFRP, Counties must designate a dedicated bank account to receive GCFRP funds directly from HTFC. Counties should complete and sign Section I of the Designation of Depository form. The financial institution must complete and sign Section II of the form. The County must return the original to the HTFC at the following address:

Office of Community Renewal
Hampton Plaza
38-40 State Street, 9th Floor
Albany, NY 12207-2804

HTFC will transfer funds to the County's designated account through an Automated Clearing House (ACH), i.e. direct deposit, procedure. If the requested funds are due from the County to a contractor or vendor, the funds must be disbursed to the contractor or vendor within five days of deposit.

II. Authorized Signature Form for Disbursement Requests

The County uses the Authorized Signature Form to designate the local official(s) authorized as signatories for requests for payment. It is recommended that a minimum of two officials sign each payment request (drawdown) to ensure funds are being used for eligible and authorized reimbursable costs.

Instructions for Authorized Signature Form:

- **Recipient Name** - Enter the County name.
- **Project Number** - Enter the FMS ID (FMS # located on the first page of the GCFRP grant agreement) used for the program.
- **Mailing Address** - Enter the mailing address of the County
- **Contact Person** - Provide a name, phone number, and email address for the person HTFC can contact with questions about the Authorized Signature Form.
- **Request for Funds requires (check one)** – Check the box that represents the number of signatures required to authorize a disbursement. It is recommended that two signatures be required for the authorization of requests for funds.
- **Persons Authorized to Sign Disbursement Requests** - Enter the name, title, date and signature of the persons authorized to sign the Disbursement Request Form.
- **Certification** – The Chief Elected Official (CEO) is required to sign this section. The CEO must sign and date the form *after* the form has been completed and each authorized signatory has been listed.

III. Disbursements

LPAs may request disbursement of GCFRP funds for eligible activities by submitting a Local Administrator Disbursement Request form with appropriate Detail Sheet(s) and supporting financial documentation.

Requests for funds on multiple buildings under the same GCFRP Program may be made using a single Disbursement Request form by attaching the appropriate number of Detail Sheets required for each reimbursement activity.

Instructions for Local Administrator Disbursement Request Form:

- **Recipient Name:** Enter the County name.
- **Project Number:** Enter the FMS ID (FMS # located on the first page of the GCFRP grant agreement) used for the program.
- **Name, phone number and email address of the person completing this form:** Provide a name and contact information for the person completing form, or the person HTFC can contact with questions related to the disbursement.
- **Date:** Enter the date that the disbursement request was completed.
- **Mailing Address:** Enter the complete mailing address of the County.

- **Tax ID:** Enter the County's Federal Tax ID number.
- **Total GCFRP Contract amount:** Enter the full amount of the GCFRP award.
- **Total requested to date:** Enter the cumulative amount of previous disbursement requests.
- **Total amount of this request:** Enter the full amount of the attached disbursement request. This should equal the amounts indicated on the attached Project Detail Sheet(s).
- **Number of Detail Sheets attached:** Enter the number of detail sheets included for each activity.
- **Payee Certification:** The County representative(s) indicated on the Authorized Signatory form signs, prints name and dates the form. **In signing the certification on the Local Administrator Disbursement Request form, the County is certifying that the activity was performed satisfactorily, costs are true and accurate, and that all other GCFRP program requirements have been met.**

Instructions for Program Budget Expenditure Form

The Program Budget Expenditure Form provides a record of GCFRP funds disbursed.

- **Recipient Name:** Enter the County name.
- **Project Number:** Enter the FMS ID (FMS # located on the first page of the GCFRP grant agreement) used for the program.
- **Date:** Enter the date that the disbursement request was completed and submitted.

Please provide the following information for each eligible activity identified in the program budget expenditure form

- **Total GCFRP Contract amount:** Enter the full amount of the GCFRP award.
- **Total requested to date:** Enter the cumulative amount of previous disbursement requests on this program.
- **Total amount of this request:** Enter the full amount of the attached disbursement request. This should equal the amounts indicated on the attached Program Budget Expenditure Form.
- **Balance:** Enter the balance of remaining GCFRP funds.

Instructions for Project Detail Sheets:

A separate Project Detail Sheet(s) must be submitted for each activity (eligible Soft Costs, Property Acquisition, and Demolition) on each property for which funds are requested.

Soft Cost Project Detail Sheet

- **County Name** - Enter the County name.
- **Project Number** - Enter the FMS ID (FMS # located on the first page of the GCFRP grant agreement) used for the program.
- **Legal Address:** Enter the Legal Address of the property.
- **Section/Block/Lot#:** Enter the section/block/lot number for the property.
- **Homeowner(s):** Legal owner of the property.
- **Proposed Purchase Price:** Purchase price identified in the GCFRP program (Exhibit B) application submitted by the County.
- **Activity:** Please provide information on costs identified in the program application submitted by the County.
- **Cost:** Provide for services identified.
- **Vendor:** Identify vendor providing service.

Acquisition Cost Detail Sheet

- **County Name** - Enter the County name.
- **Project Number** - Enter the FMS ID (FMS # located on the first page of the GCFRP grant agreement) used for the program.
- **Legal Address:** Enter the Legal Address of the property.
- **Section/Block/Lot#:** Enter the section/block/lot number for the property.
- **Homeowner(s):** Legal owner of the subject property.
- **Proposed Purchase Price:** Purchase price identified in the GCFRP program (Exhibit B) application submitted by the County.
- **Closing Date:** Provide real estate closing date.
- **Final Acquisition Price:** Provide final property acquisition cost identified in the executed purchase contract.

Demolition Cost Detail Sheet

- **County Name** - Enter the County name.
- **Project Number** - Enter the FMS ID (FMS # located on the first page of the GCFRP grant agreement) used for the program.
- **Legal Address:** Enter the Legal Address of the property.
- **Section/Block/Lot#:** Enter the section/block/lot number for the property.
- **Homeowner(s):** Legal owner of the subject property.
- **Contractor Name:** Provide name of contractor.
- **Demolition Date:** Date of demolition completion.
- **Demolition Cost:** Provide cost of demolition.

IV. Supporting Documentation

Disbursement Requests must be accompanied by appropriate, legible supporting documentation. Copies of invoices from contractors must support the information provided on the Project Detail Sheet(s). Supporting documentation may include, but is not limited to, the following:

Soft Costs and Demolition - Acceptable supporting documentation:

- Executed Service Contracts
- Invoices
- In-Kind Services: If applicable, costs for in-kind services must be documented and certified.

Property Acquisition - Acceptable supporting documentation:

- Executed real estate Purchase Contract between the county and the property owner.

**** Please note:**

- In order to ensure that property acquisition funds are transmitted to the County in time for local closing, the County should provide a minimum of three (3) weeks' notice before closing date.
- The County must notify the HTFC immediately if the scheduled local closing date is delayed or postponed.
- The County will need to submit a copy of the deed for the property prior to reimbursement

of demolition costs for the acquired property

V. Recordkeeping, Reporting, and Monitoring

All Local Program Administrators are responsible for maintaining complete program and project files, including, eligibility documentation, work specifications, bid documents, financial commitments, contracts, contractors' invoices, inspection reports and documentation on historic preservation issues, and GCFRP Program correspondence. Files may be examined by HTFC representative during monitoring and technical assistance visits.